



**TENNESSEE
BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1149
(615) 741-2718 OR FAX (615) 741-2722
www.state.tn.us/commerce/boards/pharmacy**

MEDICAL SERVICE REPRESENTATIVE

APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION:

New License

NAME OF APPLICANT:

Name

Home Phone Number: _____

Street

Work Phone Number: _____

City

State

Zip

Social Security Number

Your employer MUST be licensed as a Manufacturer/Wholesale/Distributor (M/W/D) in Tennessee

COMPANY EMPLOYED BY:

Company Name

Telephone Number _____

Street

M/W/D License Number _____

City

State

Zip

Please include the \$40.00 Registration fee. Tennessee will accept personal checks made payable to the Tennessee Board of Pharmacy.

For more information concerning submission of this license, you may e-mail your questions to [Kay Revelle](mailto:Kay.Revelle@state.tn.us) at sandra.revelle@state.tn.us or call (615) 741-2718.

*Note: License will be mailed to the company address